

907 KAR 1:330. Hospice services.

RELATES TO: KRS 205.520

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health Services and placed the Department for Medicaid Services and the Medicaid Program under the Cabinet for Health and Family Services. The Cabinet for Health and Family Services has responsibility to administer the program of medical assistance in accordance with Title XIX of the Social Security Act. KRS 205.520(3) empowers the cabinet, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This administrative regulation sets forth the terms and conditions under which the cabinet will provide hospice care to both the categorically and medically needy.

Section 1. Definition of Hospice Care. Hospice care means the care described in Section 1905(o) of the Social Security Act. Summarized, hospice care may be described as a package of palliative and supportive services provided by a hospice program to a terminally ill Medicaid recipient and his family to alleviate the patient's pain and suffering and assist the patient and his family to cope with dying and the circumstances surrounding terminal illness. The hospice package of services is provided in lieu of certain benefits described in Section 1812(d)(2)(A) of the Social Security Act and intermediate care facility services. The patient must voluntarily elect the hospice care. Hospice care may be provided an individual in a skilled nursing or intermediate care facility but in that circumstance coverage does not exist under the program for skilled nursing and intermediate care facility services, i.e., a payment may be made for only the hospice care. Hospice care must be provided by an appropriately licensed, accredited and certified hospice program (as defined in Section 1861(dd)(2) of the Social Security Act) participating in both Medicare and Medicaid.

Section 2. Voluntary Election. Any terminally ill Medicaid recipient may elect hospice coverage (where hospice care is provided by a participating hospice program in his service area) in accordance with procedures and using such forms as may be prescribed by the cabinet. Each recipient will be required to make his voluntary selection in writing, and must present a statement from a physician (or such statement must be available) to show that the recipient's illness is terminal and that death is expected to occur within six (6) months.

Section 3. Duration of Benefits. Effective January 1, 1989, there is no limit on the number of days an individual may participate in the hospice program so long as such days fall within a covered benefit period. Effective June 1, 1990, hospice benefits shall consist of these benefit periods: two (2) ninety (90) day periods, one (1) thirty (30) day period, and additional indefinite periods which last until revocation or termination for other reasons such as ineligibility or death.

Section 4. Concurrent Medicare Coverage. When a Medicaid eligible individual with concurrent eligibility for hospice services under Medicare wishes to enroll in a hospice program under Medicaid he shall be required as a prerequisite for Medicaid hospice enrollment to enroll in the Medicare hospice program.

Section 5. Disenrollment, Reenrollment, and Transfers. A recipient may disenroll from a hospice program at any time. A recipient who disenrolls during any benefit period loses the unused portion of that benefit period but may still be eligible for the remaining benefit period(s), if any. He may reenroll at such time as he may desire (subject only to the usual participation requirements). If an enrolled

individual revokes his Medicare enrollment, the Medicaid enrollment shall be revoked simultaneously to the extent possible. If a county is served by two (2) or more hospice programs, or if the recipient moves his county of residence to a county serviced by a different hospice(s), the recipient may transfer between hospice programs. (13 Ky.R. 1016; eff. 12-2-86; Am. 15 Ky.R. 1983; eff. 3-15-89; 17 Ky.R. 150; eff. 9-13-90.)